

Case Number:	CM14-0141755		
Date Assigned:	09/10/2014	Date of Injury:	12/31/2008
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 68 year-old male with a 12/31/2008 date of injury. According to the 7/8/14 from [REDACTED], the patient presents with 5-6/10 neck and left shoulder symptoms. The left shoulder pain was increasing despite s/p left shoulder replacement with two revisions. He has electric shock pain down the left arm to the elbow, but no radicular symptoms past the elbow. Exam shows decreased sensation in the left C5 dermatome, positive Spurlings, and facet loading. There was history of C5-7 fusion and possible pseudoarthrosis C6/7 with lucency around the graft and halo around the screws. The physician requested a CT scan of the cervical spine; cervical MBB at C3/4 and C4/5; pain management follow-up; and an orthopedic consult.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical medial branch block left C3-C4 and C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG-TWC Neck Chapter, for facet joint injections: Recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if

successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB).

Decision rationale: The patient is a 68 year-old male with a 12/31/2008 date of injury. According to the 7/8/14 from [REDACTED], the patient presents with 5-6/10 neck and left shoulder symptoms. The left shoulder pain was increasing despite s/p left shoulder replacement with two revisions. He has electric shock pain down the left arm to the elbow, but no radicular symptoms past the elbow. Exam shows decreased sensation in the left C5 dermatome, positive Spurlings, and facet loading. There was history of C5-7 fusion and possible pseudoarthrosis C6/7 with lucency around the graft and halo around the screws. The MTUS/ACOEM guidelines recommend cervical RFA if the patient has a positive response to the facet injections. The ODG guidelines were consulted for criteria on diagnostic facet blocks/medial branch blocks. The guidelines state that the diagnostic MBB are limited to cervical pain that is non-radicular, and should not be performed in patients who have had a prior surgery at the injection level. The request was for cervical MBB at C3/4 and C4/5. The patient is reported to have loss of sensation along the left C5 dermatomal distribution and has had fusion at C5-7. The request for cervical MBB is not in accordance with the ODG guidelines due to radicular symptoms. The request is not medically necessary.

CT scan of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient is a 68 year-old male with a 12/31/2008 date of injury. According to the 7/8/14 from [REDACTED], the patient presents with 5-6/10 neck and left shoulder symptoms. The left shoulder pain was increasing despite s/p left shoulder replacement with two revisions. He has electric shock pain down the left arm to the elbow, but no radicular symptoms past the elbow. Exam shows decreased sensation in the left C5 dermatome, positive Spurlings, and facet loading. There was history of C5-7 fusion and possible pseudoarthrosis C6/7 with lucency around the graft and halo around the screws. This IMR request pertains to the request for a cervical CT scan. The patient had x-rays from 3/21/14 that suggested possible pseudoarthrosis at C6/7 with lucency around the graft and halo around the screws. Hardware failure can be considered a red-flag. The CT scan for further evaluation is in accordance with the ACOEM guidelines. The request is medically necessary.

Pain management follow up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The patient is a 68 year-old male with a 12/31/2008 date of injury. According to the 7/8/14 from [REDACTED], the patient presents with 5-6/10 neck and left shoulder symptoms. The left shoulder pain was increasing despite s/p left shoulder replacement with two revisions. He has electric shock pain down the left arm to the elbow, but no radicular symptoms past the elbow. Exam shows decreased sensation in the left C5 dermatome, positive Spurlings, and facet loading. There was history of C5-7 fusion and possible pseudoarthrosis C6/7 with lucency around the graft and halo around the screws. This IMR pertains to the request for pain management follow-up. MTUS/ACOEM guidelines state physician follow-ups can occur between 7-14 days. MTUS chronic pain guidelines states there is no set frequency, and that the frequency should be adjusted to the patient's needs. The request for pain management follow-up is in accordance with the MTUS chronic pain guidelines. The request is medically necessary

Ortho consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The patient is a 68 year-old male with a 12/31/2008 date of injury. According to the 7/8/14 from [REDACTED], the patient presents with 5-6/10 neck and left shoulder symptoms. The left shoulder pain was increasing despite s/p left shoulder replacement with two revisions. He has electric shock pain down the left arm to the elbow, but no radicular symptoms past the elbow. Exam shows decreased sensation in the left C5 dermatome, positive Spurlings

Decision rationale: The patient is a 68 year-old male with a 12/31/2008 date of injury. According to the 7/8/14 from [REDACTED], the patient presents with 5-6/10 neck and left shoulder symptoms. The left shoulder pain was increasing despite s/p left shoulder replacement with two revisions. He has electric shock pain down the left arm to the elbow, but no radicular symptoms past the elbow. Exam shows decreased sensation in the left C5 dermatome, positive Spurlings, and facet loading. There was history of C5-7 fusion and possible pseudoarthrosis C6/7 with lucency around the graft and halo around the screws. This IMR pertains to the request for orthopedic consultation. MTUS chronic pain guidelines and MTUS/ACOEM topics did not discuss orthopedic consultations for pseudoarthrosis or hardware loosening. The AD has not adopted ACOEM chapter 7 into the MTUS, but this would still be among the next highest ranked review standard under LC 4610.5(2). ACOEM states a referral can be made to other specialists " when the plan or course of care may benefit from additional expertise." The request for orthopedic consultation appears to be in accordance with ACOEM guidelines. The request is medically necessary.